

Fill in this information to identify the case:

Debtor Name Miracare Neuro Behavioral Health, P.C.

United States Bankruptcy Court for the: Northern District of Illinois

Case number: 24-13266☐ Check if this is an amended filing

Official Form 425C

Monthly Operating Report for Small Business Under Chapter 11

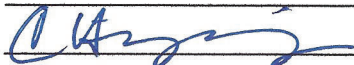
12/17

Month: 11/2024Date report filed: 01/07/2025
MM / DD / YYYYLine of business: Mental Health SpecialistsNAISC code: 6211

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party: President

Original signature of responsible party



Printed name of responsible party

Christopher Higgins**1. Questionnaire**

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A.

- | | Yes | No | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| 1. Did the business operate during the entire reporting period? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you plan to continue to operate the business next month? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you paid all of your bills on time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you pay your employees on time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you timely filed your tax returns and paid all of your taxes? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you timely filed all other required government filings? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you timely paid all of your insurance premiums? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit B.

- | | | | |
|---|--------------------------|-------------------------------------|--------------------------|
| 10. Do you have any bank accounts open other than the DIP accounts? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you sold any assets other than inventory? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Did any insurance company cancel your policy? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Did you have any unusual or significant unanticipated expenses? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you borrowed money from anyone or has anyone made any payments on your behalf? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Has anyone made an investment in your business? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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17. Have you paid any bills you owed before you filed bankruptcy?

☐ ☒ ☐

18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?

☐ ☒ ☐**2. Summary of Cash Activity for All Accounts****19. Total opening balance of all accounts**\$ 188,937.54

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

20. Total cash receipts

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.\$ 428,225.49**21. Total cash disbursements**

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.- \$ 431,785.58**22. Net cash flow**

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.+ \$ -3,560.09**23. Cash on hand at the end of the month**

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ 185,377.45**3. Unpaid Bills**

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

24. Total payables\$ 6,500.00*(Exhibit E)*

Debtor Name Miracare Neuro Behavioral Health, P.C.Case number 24-13266**4. Money Owed to You**

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. **Total receivables** \$ 295,484.24
(Exhibit F)

5. Employees

26. What was the number of employees when the case was filed? 55
 27. What is the number of employees as of the date of this monthly report? 55

6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case? \$ 0.00
 29. How much have you paid in professional fees related to this bankruptcy case since the case was filed? \$ 0.00
 30. How much have you paid this month in other professional fees? \$ 0.00
 31. How much have you paid in total other professional fees since filing the case? \$ 0.00

7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A		Column B		Column C
	Projected	—	Actual	=	Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$ <u>425,000.00</u>	—	\$ <u>428,225.49</u>	=	\$ <u>-3,225.49</u>
33. Cash disbursements	\$ <u>403,100.00</u>	—	\$ <u>431,785.58</u>	=	\$ <u>-28,685.58</u>
34. Net cash flow	\$ <u>21,900.00</u>	—	\$ <u>-3,560.09</u>	=	\$ <u>-24,460.09</u>
35. Total projected cash receipts for the next month:					\$ <u>425,000.00</u>
36. Total projected cash disbursements for the next month:					— \$ <u>423,000.00</u>
37. Total projected net cash flow for the next month:					= \$ <u>2,000.00</u>

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8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- ☒ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☐ 39. Bank reconciliation reports for each account.
- ☐ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☒ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.

MiraCare Neuro Behavioral Health

11800 S. 75th Ave 3rd Floor

Palos Heights, IL 60463

Phone: 708-726-6472 Fax: 708-671-8446

Accounts Receivable Summary By Facility

Criteria: Practice: MiraCare Neuro Behavioral Health; **A/R By:** Date of Charge; **From:** 01/01/2020 **To:** 11/30/2024; **Report Type:** A/R Summary by Facility; **Facility:** Lemont | Mokena Behavioral Health | Palos Behavioral Health Professionals | Testing Center; **Balance:** 0.00; **Sort By:** Facility Asc; **Entity/Business/Company Name:** ; **Include Posting for Selected Date Range**

Facility	Charge (\$)	Ins Pay (\$)	Patient Pay (\$)	Total Pay (\$)	Credit Adj. (\$)	Write Off (\$)	Debit Adj. (\$)	Refund/Recoup/Reversal/Move to Unapplied (\$)	Ins Unapplied Credit (\$)	Patient Unapplied Credit (\$)	Balance (\$)
Lemont	942,524.93	681,268.30	164,256.79	845,525.09	79,553.09	2,169.53	2,373.33	11,755.56		2,543.84	29,406.11
Mokena Behavioral Health	3,869,147.00	2,579,975.34	768,797.86	3,348,773.20	369,777.86	123,764.21	7,536.48	36,850.82		10,138.03	71,219.03
Palos Behavioral Health Professionals	20,773,761.78	14,278,058.11	3,692,485.69	17,970,543.80	2,133,676.01	510,167.44	70,719.61	248,712.39	741.49	63,260.76	478,806.53
Testing Center	2,387,618.45	1,482,731.09	393,498.13	1,876,229.22	454,580.16	31,978.25	7,065.61	17,580.35		1,764.82	49,476.78
Total	27,973,052.16	19,022,032.84	5,019,038.47	24,041,071.31	3,037,587.12	668,079.43	87,695.03	314,899.12	741.49	77,707.45	628,908.45

Collectable A/R \$295,484.24

total Billed - 27,973,052 x (.87) = 24,336,535
 Collectable projection - 24,336,535 (.87 of Billed)
 Collected through 11/30/25 24,041,071
 Difference \$295,484.24.

MIRACARE NOVEMBER BUDGET

Expense	Amount		Notes
Utilities	\$ 4,000.00		
Insurance	\$ 1,500.00		
EMR Qualifacts	\$ 5,100.00		
PC System Protection	\$ 2,500.00		
Office 365 License	\$ 2,000.00		
Internet	\$ 1,100.00		
Caravus HealthCare	\$ 350.00		
Payroll	\$ 320,000.00		
Rent	\$ 29,350.00		
*Healthcare	\$ 19,200.00		*\$3700.00 Deduced from Employee Paycheck
401(k)	\$ 5,000.00		(includes pymnts for Dental, Vision, Life,
Neuro Psyc Consultant	\$ 3,300.00		Disability & BCBS)
Dr. Chind Stipend	\$ 3,500.00		
Office Expenses	\$ 2,500.00		
** Fees	\$ 3,000.00		**Includes CC and Payroll Processing Fees
	\$ 402,400.00		

denotes chng
from Oct Budget

TOTAL EXPECTED INCOME	\$	425,000.00
TOTAL EXPECTED EXPENSE	\$	402,400.00
NET	\$	22,600.00